



# Congressman Michael C. Burgess, M.D.

26<sup>th</sup> Congressional District of Texas

## Internship Program

### Congressional District Internship Program Overview

#### General Responsibilities:

- Assisting with congressional events
- Special projects
- Greeting constituents
- Filing
- Additional administrative tasks
- Research
- Constituent correspondence
- Data entry
- Answering the telephone

#### Skills Required:

- Good communication skills
- Punctuality
- Attention to detail
- Ability to follow instructions
- Ability to complete tasks efficiently and thoroughly
- Excellent writing skills
- Solid computer skills
- Professional demeanor
- Ability to work independently

*Please Note: This internship is unpaid. It may be possible to arrange academic credit from your educational institution for an internship; contact department intern coordinator for more information. After the successful completion of the internship, recommendations will be provided to interns, based on performance.*

#### Along with the application on the following page, please include the following:

- In an essay, please describe why you are interested in being an intern. This essay should be typed, double-spaced and 1,000 words or less.
- Resume
- One writing sample

#### Type of Internship (you may check more than one of the following items):

Full Name	
Season	Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/>
Dates and Hours Available	

#### Submit application materials to:

Robin Vaughan, Deputy District Director  
 Office of Congressman Michael C. Burgess  
 2000 S. Stemmons Freeway, Suite 200  
 Lewisville, TX 75067  
 Phone: (940) 497-5031  
 Email: [robin.vaughan@mail.house.gov](mailto:robin.vaughan@mail.house.gov)



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## 26<sup>th</sup> Congressional District of Texas Internship Program Application Form

**Contact Information**

Full Name	
Mailing Address	
City, State and Zip Code	
Home Phone	
Mobile Phone	
E-Mail Address	

**Security Clearance Information**

Date of Birth	
US Citizen	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please specify status

**School Information**

School Attending	
School Address	
Year in School	
Major and Minor (if applicable)	
Type of Degree	High School Diploma <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral <input type="checkbox"/>
Anticipated Graduation Date	
Overall GPA. And class rank (if applicable)	
Will you receive school credit for your internship?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please include academic requirements with your application.
If yes, school staff contact name and phone number	
Honors	
Activities	

**References (do not include family members or friends)**

Reference One		Reference Two	
Name		Name	
Title/Organization		Title/Organization	
Relationship		Relationship	
Address		Address	
Phone		Phone	
Email		Email	

Reference Three	
Name	
Title/Organization	
Relationship	
Address	
Phone	
Email	



# **Congressman Michael C. Burgess, M.D.**

## **Congressional District Internship Program Agreement**

**Federal law requires that you agree in advance and in writing to serve without compensation, not to make any future claim for payment, and to acknowledge that your voluntary service does not constitute employment with the U.S. House of Representatives. If you understand and agree with this statement please sign and date below.**

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**Signature**

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**Date**

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**Printed Name**